

## 2011 Imaging Criteria

Magnetic Resonance Imaging (MRI), Breast (Custom) - UDOH<sup>(1, 2, 3, 4)</sup>

Created based on InterQual Subset: Magnetic Resonance Imaging (MRI), Breast

Version: InterQual® 2010

CLIENT:	Name	D.O.B.	ID#	GROUP#
CPT/ICD9:	Code	Facility	Service Date	
PROVIDER:	Name	ID#	Phone#	
	Signature	Date		

ICD-9-CM: 88.97

## INDICATIONS (choose one and see below)

- ☐ 100 Suspected reoccurrence of breast cancer
- ☐ 200 Assessment for occult breast cancer
- ☐ Indication Not Listed (Provide clinical justification below)

- ☐ 100 Suspected reoccurrence of breast cancer **[All]**<sup>(5, 6)</sup>
- ☐ 110 Palpable mass by PE
  - ☐ 120 Mammogram/US nondiagnostic for breast cancer
  - ☐ 130 Findings **[One]**
    - ☐ 131 Silicone implant<sup>(7)</sup>
    - ☐ 132 Dense fibroglandular breasts by imaging
    - ☐ 133 Breast radiation by Hx<sup>(8)</sup>
    - ☐ 134 Breast surgery by Hx/PE<sup>(8)</sup>
- ☐ 200 Assessment for occult breast cancer **[Both]**<sup>(9)</sup>
- ☐ 210 Axillary metastasis/lymphadenopathy by PE<sup>(10)</sup>
  - ☐ 220 Mammogram/US nondiagnostic for breast cancer

## Notes

## (1)

The following are examples of relative and absolute contraindications to the use of MR imaging:

- Implanted devices that are electrically or magnetically activated (e.g., cardiac pacemakers, automatic cardioverter defibrillators, drug infusion pumps, cochlear implants)
- Ferromagnetic metal objects (e.g., cerebral aneurysm clips, intraocular metallic foreign body, prostheses, screws)
- Pregnancy, first trimester

## (2)-POL:

Breast MRI is not covered for:

- To confirm implant rupture when ultrasonography or mammography confirms rupture
- Screening for breast cancer in patients with average risk of breast cancer
- Clinical or payment determination concerning the type or level of medical care provided, or proposed to be provided, to the patient.

The Clinical Content is confidential and proprietary information and is being provided to you solely as it pertains to the information requested. Under copyright law, the Clinical Content may not be copied, distributed or otherwise reproduced except as permitted by and subject to license with McKesson Corporation and/or one of its subsidiaries.

InterQual® copyright © 2011 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved. Portions modified by Licensee have not been independently authenticated in whole or in part by McKesson. McKesson is not responsible for and hereby disclaims any liability related to any such modifications and their inclusion herein does not imply endorsement by McKesson of modifications.

May contain CPT® codes. CPT only © 2010 American Medical Association. All Rights Reserved.

Licensed for use exclusively by Utah Department of Health.

- To diagnose and evaluate a breast lesion prior to biopsy
- To differentiate benign from malignant breast disease, especially clustered micro-calcifications
- To differentiate cysts from solid lesions
- To predict early response of breast cancer to chemotherapy or in guiding choice of chemotherapy
- To identify multicentric disease in persons with localized breast cancer prior to surgery
- Mapping the size and extent of primary tumors in persons with localized breast cancer
- Assessment of patients only because they have prior history of breast cancer
- To further characterize indeterminate breast lesions identified by clinical examination, mammography, or ultrasound

**(3)-POL:**

Magnetic resonance imaging (MRI) of the breast is a useful tool for the detection and characterization of breast disease, assessment of local extent of disease, evaluation of treatment response, and guidance for biopsy and localization. Breast MRI should be bilateral except for women with a history of mastectomy or when the MRI is being performed expressly to further evaluate or follow findings in one breast. ACR PRACTICE GUIDELINE FOR THE PERFORMANCE OF CONTRAST- ENHANCED MAGNETIC RESONANCEIMAGING (MRI) OF THE BREAST, Revised 2008.

**(4)**

Breast MRI is useful for screening women with more than a 20% lifetime risk of breast cancer, contralateral breast in patients with new malignancy, or those with breast augmentations. It is also useful in evaluating the extent of disease in cases of invasive carcinoma or ductal carcinoma in situ, carcinomas that have invaded deep to the fascia, postlumpectomy patients with positive margins, and determining the need for neoadjuvant chemotherapy. Other cases where it may be useful are in the evaluation of breast cancer recurrence, metastatic disease, lesion characterization or MRI directed biopsy.

**(5)**

MRI can be used as a diagnostic adjunct to breast examination and mammography or US for suspected breast cancer (Berg et al., Radiology 2004; 233(3): 830-849). In certain clinical situations, mammogram and US may not be sufficient for diagnosis (e.g., in patients who have silicone breast implants or who have undergone prior surgery or radiation). MRI has been shown to be useful in evaluating suspicious breast tissue and can be used preoperatively to accurately assess tumor size, vascularity, and intraductal spread (Hata et al., J Am Coll Surg 2004; 198(2): 190-197). The limitation of MRI is its high false positive rate, low negative predictive value, and wide range of specificity (Bruening et al., AHRQ Comparative Effectiveness Review No. 2, February 2006; American College of Radiology, ACR Practice Guideline for the Performance of Magnetic Resonance Imaging (MRI) of the Breast. 2004). The accuracy of detecting breast cancer with MRI can be improved by using breast surface coils, administering intravenous contrast, and standardizing protocols for both performing and interpreting the imaging results (Lee, Radiol Clin North Am 2004; 42(5): 919-934).

**(6)-POL:**

Utah Medicaid allows prior authorization approval for unilateral or bilateral breast MRI when either indication is met.

**(7)**

MRI is a better test for evaluating breast tissue after breast augmentation, as the high radiographic density of silicone obscures breast tissue from mammographic exam. Silicone does not impair visualization of cancers by MRI.

**(8)**

Although the diagnostic value of mammography, US, and MRI is limited in the presence of scarring from previous breast surgery or radiation therapy, MRI can more accurately define the extent of disease than can mammogram or US (Morris, Radiol Clin North Am 2002; 40(3): 443-466).

**(9)**

MRI may be used to determine the source of cancer in patients presenting with positive axillary adenopathy and a nondiagnostic mammogram (Newstead, Semin Ultrasound CT MR 2006; 27(4): 320-332; American College of Radiology, ACR Practice Guideline for the Performance of Magnetic Resonance Imaging (MRI) of the Breast. 2004).

**(10)**

Although palpable axillary lymphadenopathy may represent benign disease, evaluation is necessary to exclude malignancy (Blanchard and Farley, World J Surg 2004; 28(6): 535-539). Less than 1% of patients with breast cancer present with axillary metastases as the only clinical manifestation of their disease (Newstead, Semin Ultrasound CT MR 2006; 27(4): 320-332).